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FROM: Sonali S. Srivastava
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Please see attached Transmittal Form for the following Patent Application:

Title

GLYCORANDOMIZATION & PRODUCTION OF NOVEL

VANCOMYCIN ANALOGS

Application No.

10/670,073

Filing Date

9/24/03

Inventor

THORSON, Jon

Attorney Docket No. :

054030-0040

Entity

Small

Examiner

Unknown

Art Unit

1645

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PTO/S9/21 (02-05)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o of incomption unless it desclave a valid OMB control number Under the Paperwork Reduction Act of 1995, no paiso Application Number 10/679,073 RECEIVED TRANSMITTAL Filing Date 09/24/2003 CENTRAL FAX GENTER **FORM** First Named Inventor THORSON, Jon Art Unit (to be used for all correspondence after initial filing) 1645 Examiner Name Unknown Attorney Docket Number 054030-0040 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmillal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Englosure(s) (please **Terminal Disclaimer** Identify below): Extension of Time Request Request for Refund Express Abandonment Request Statement Under 37 CFR 3.73(b) CD, Number of CD(s) Information Disclosure Statement Romarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplate Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Individual name Signature Date 9/14-04 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Luanna M. Connor Date 9-14-04 Signature This collection of information is required by 37 CFR 1.5. The information is required to indiffin or range a benefit by the public which is to file (and by the USPTO to process) an application. Contidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, proputing, and submitting the completed application form to the USPTO. Time will very depending upon this individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office. U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Dox 1450, Alexandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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Application Number 10/670 073 10/670,073 Filing Date 09/24/2003 POWER OF ATTORNEY First Named Inventor THORSON, Jan Tille GLYCORANDOMIZATION & PRODUCTION OF NOVEL CORRESPONDENCE ADDRESS Art Unit **VANCOMYCIN** 1645 INDICATION FORM Examinor Name ANALOGS Not Known Attorney Docket Number 054030-0040 Lhereby appoint: Practitioners associated with the Customer Number. 3109G Practitioner(s) named below: Namo Registration Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark O'fice connected therewith. Please recognize or change the correspondence address for the above identified application to: 0/ The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Ir dividual Name Addross Address City Zip Country Telephone Fax I am the: Applicant/Inventor. 00 Assignee of record of the entire interest. See 37 CFR 3,71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96) SIGNATURE of Applicant or Assignce of Record (if assignce, put name, title and company name in the "Name" space below) Michael E. Falk, Director of Intellectual Property Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *Total of 1

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